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COMMUNICATIONS.

THE RELATION OF THE PHYSICIAN AND DRUGGIST.

Read before the Central District Medical Association of Iowa.

By A MEMBER IN ACTIVE PRACTICE.

The relation of the physician and druggist is exciting attention in many quarters. In larger cities this may be of easy adjustment, but in smaller towns the annoyances are very great. The only remedy, almost, that can be devised is to go back to the primitive fashion of the old saddlebags and the stock of drugs of known power and efficacy.

In the town in which I reside there are four drug stores, which may be inventoried as follows:

Number one consists of the odds and ends of an old stock of twenty years' standing. It has had almost as many proprietors as it has years. Its stock is kept up by accretions, added according to a list of wants, as drawers or bottles become empty, or until some wanting article is inquired for. Its present proprietor was once a farmer, then went into the grocery business, then shifted his stock for that of drugs. His son is the prescription clerk. He has picked up knowledge enough to decipher a very plainly written prescription, and can find medicines, provided they are rightly labeled.

Number two is kept by a late carpenter. He entered into the business with a physician, but the physician's practice taking him away too much from the shop, hard feelings arose, and Mr. carpenter bought out the whole concern. He usually employs a boy picked up some-

where on the street, and sometimes for a month or so an old clerk. Usually after a month or so boy number one becomes senior clerk, to some other uninstructed junior.

All his stock is bought with regard to the lowest price, no attention being paid to quality. One would find by purchasing at random good specimens of spurious or adulterated drugs, as good as bought in this market anywhere.

Number three is owned by a practicing physician, and carried on by the help of a medical student. His stock is not very large, and may be of better quality; his shelves are filled out with all the quack medicines of the day. The doctor usually wishes to know, when a prescription is brought in, who made it and what it is for, and is not usually sparing of his advice of how it should be used, or for what it might be substituted, and tells his boy what may be put in in place of some article that is not in his stock.

Number four is owned by a foreigner who pretends to have a very superior knowledge of the business. He imports all his medicines direct from Germany; he looks down with contempt on the prescriptions of American physicians, and always has the exact article called for, although the name on the package or bottle may be something else. "Only druggists who have served their time in the old country know the names of drugs." He makes frequent prescriptions for all who ask him, and gives much gratuitous advice. A doubt has arisen among some of us whether this man has ever before been anything but a "saloon-keeper."

There is one thing in which they all agree—in their charges. For a simple wash of plumb acet. of Zij , 50 cents; for a cough mixture of three ingredients, \$1.00; for any

prescription, from 50c. to \$2.00, according to size or ability of the purchaser. A man comes to me with inflamed conjunctiva: he has had a bit of saw-dust in his eye. I examine it carefully, and find that the particle has been washed out; he wants a simple lotion. I prescribe a wash of plumb. act., gr. xx., aque dest. ʒij.; he pays me a dollar for the examination, and then pays from 50 cents to \$1.00 for the medicine, and is not quite certain then whether he gets zinc, or lead, or mercury, or neither. A person comes to me with a slight cold: I examine and prescribe a Dover's powder. I do not like to designate which shop he shall go to. Number one does not know what pul. ipecac. et opil co. means, and therefore is just out. Number two thinks it is for an emetic, and the customer thinks not, or the doctor would have told him. Number three is not at hand, and the student thinks customer better wait until the doctor comes. Number four puts it up, but remarks that some of his anti-periodic back-action drops would be much better; the charge is 50 cents.

Mrs. A. has chronic bronchitis. I give a prescription that hits her case better than anything she has had. She gets her bottle refilled at No. 2, who is her neighbor, and praises it; he recommends it to all his customers and makes up a large quantity.

The same prescription goes to No. 3, and I find my friend, the doctor, is using it extensively, but is careful to tell of the happy effect his combination has. The assessor claims from No. 4 a physician's fee for license. He claims that he prescribes only proprietary medicines, and is therefore exempt; being, however, pressed by the assessor to take out a physician's license, he then exhibits it as evidence of competency, and practices on all comers who do not require him to go out of his shop. All of them but my friend, the doctor, read all the patent medicine puffs, and retail the medicine and puffs to every one who will buy or listen, besides keeping some choice bitters for the alcoholic thirsty, who wish to keep a quiet conscience.

For those who have not many qualms of conscience, but wish to conform in appearance to the strict Maine law that prevails, all of them keep an assortment of liquors, of poorer quality than is kept in the lowest saloon in town. These are sold in prescription

bottles or drank from the graduate measure, as if an extemporaneous prescription. Their stock consists in the poorest kind of whisky flavored with some cheap bitter drug; and disguised whisky, with turpentine and juniper in it, called gin, and colored whisky called brandy, and elderberry juice and whisky called wine, and flavored whisky called rum. Then a mixture of gentian and aloes and red saunders and whisky, sold under the name of Hostetters or Plantation or Red-jacket bitters. If not made up by them it is made by the wholesale liquor seller here or in a neighboring town. These extracts are now becoming a necessity in practice, but it is essential that they be of uniform strength. Some of them have a few of Tilden's, but even these are badly kept, corks left out and exposed to the light. One or two among the number have taken all the worthless herbs found in stock, and made an attempt to concoct them into fluid extracts.

It is not dishonesty altogether that makes them sell these for genuine articles, but because they do not know the difference. The stock of each differs in quality, so that I must make a personal inspection of every thing I may want for a patient if I would be sure of the desired effect. When I know what No. 1 or 2 or 3 may have, it is difficult for me to say to a patient, go to this one, or that one, for your medicine; he may have a credit or confidence in one or the other, and then I make an influential enemy.

If I avail myself of my knowledge of drugs, and fill my pocket-case with medicines of known strength or purity, and then avoid prescriptions as much as possible, each druggist has a large class of friends on whom they use their influence to employ some new comer, or some traveling quack, who sends them a large number of orders. All treat my prescriptions as their property when they come into their hands. They fill and refill them as often as applied to, and if they hear of any good effect from one of them, put it up for any complaining customer that comes in. The prescriptions are filed in a book that lays on the counter open to every one, the prescriber and the patient's name written conspicuously on the prescription.

I know that some of my brothers and competitors, regular and irregular, have a pleasant habit of looking over the files, to see how business is going and who is sick, and that the

druggist shows the book as an advertisement of his business. Prescriptions are not only private property of the physicians, but they are also the private records of the physician. In more than one instance I have found confidence betrayed, and secrets known through this open way of keeping prescriptions. I am compelled to be at the expense of a large number of medicines whenever the case is one that I do not care to be made public.

With the physician-druggist there are some more troublesome features than with the others. He has ostensibly retired from practice and announces this, but is careful to retain all the paying families, and never neglects paying calls. He makes his proclamation of having retired from business as an excuse for not attending medical societies, or for not taking or reading the journals. In fact, nearly all the responsibilities of the profession he shirks off, especially the code of ethics, because "he is a druggist, and his store takes up most of his time."

As the result of this state of things numerous accidents have happened which have filled the papers with the articles about druggists' mistakes, and careless doctors.

Number one gave a man a drachm of Turkey opium who called for a dose of Turkey rhubarb. It was taken, and death resulted; another gave five grains of morphine for a five grain dose of quinine; another gave two ounces tr. opii., with ten drops of extract of ginger in it, for a toper's dose of portwine; death resulted. Several children have been sacrificed by these ignorant dispensers of medicines. Every sot in town knows that nights and Sundays, when the other "progenies" are closed that he can get his dram, either plain or disguised, at the drug store. That even at midnight the boys will get up, if he has the money, to fill his bottle or to give him a bottle, labeled with some popular name reputed good for the stomach, or some wine for his wife who expects to be sick!

This is no over-drawn sketch, and would with a change of numbers fit hundreds of places in the State. A motion was made in the American Medical Association to censure physicians who kept and prescribed their own medicines. It was made by some one who did not live in this country, or know of the

difficulties village practitioners have to contend with.

This is not a reflection on honorable educated druggists; they are the right arm of the physician, and contribute half to his convenience and success. The relation between them and the physician can be briefly stated. They should keep for the physician the best articles in the market; they should charge customers a fair and reasonable price. It should be dishonorable on the part of both to ask or give a percentage on prescriptions. They should faithfully compound medicines as ordered, and if they discover mistakes, quietly ask for explanation and for rectification. The prescription should not be refilled without the order or consent of the prescriber. The prescriptions should be kept out of sight, as it is a confidential secret that is entrusted to them. To allow the prescriptions to be seen by any one, but the author, is a breach of confidence. They may sell patent medicines, when called for, but they should not be prescribers of patent medicines or of other medicines. They should not sell whisky in any form as a beverage. The physician should write a good, fair hand, and if mistakes are made, be sure he is not to blame before making any remarks.

The troubles that I complain of arise from the low estimate that is put on the trade, making it on a level with the grocer, and often a rival of the saloon-keeper. One great reason for the large number of drug shops in this country is the enactment and enforcement of a prohibitory liquor law. It serves as a cover for selling mean spirits, at a large profit. In some countries the law is rigidly enforced, but in none of them are the drug stores prohibited in one form or another from furnishing the fiery beverage to thirsty souls. The subject calls for legislation. While they are discussing the question of making the prohibitory law more efficient and stringent, would it not be well to take some action on a subject that has to do with the lives and health of the community in the way of the drugs they take, and the poisons vended, as well as the spirits retailed. A slight imputation might be cast on some members of the profession who make prescriptions in aid of these illicit saloons, but it ought not to be mentioned among honorable men.

X. X. X.

A CASE OF COMMINUTED FRACTURE OF THE FEMUR, EXTENDING INTO THE KNEE-JOINT.

By J. S. BUIST, M. D.,

Surgeon in Charge of Hospitals at Charleston, South Carolina.

I am induced to make a report of the following case of fracture of the thigh, in consequence of its rarity, and because it presents some features which may be of interest and instruction to the large class of readers who are called upon to treat these grave and serious complicated surgical conditions:

I would remark that the tendency of modern surgery in regard to the treatment of all fractures is to make the confining apparatus as simple as possible, divesting it, as much as it can be, of all the paraphernalia and useless complicated machinery, which, in former years, added so much to the surgeon's "stock on hand," and gave his office the appearance of a large work-shop of intricate collections of screws, movable joints and long, curved, painted boards. Just in proportion as the physiology of the muscular system is understood, the antagonistic action of the various muscles properly comprehended, so you will find that the intelligent and well-informed will discard everything that appertains to mystery and adopts those plans only essential for good in the treatment of fractures. To retain the parts in proper position is the main object, and the simpler the means used for this purpose, combined with essential practical ability, the more will the comfort of the sufferer be ensured, and the more perfect the result. The case under consideration is one of those which illustrate this principle, and my object in reporting is to show that very often in the most complicated cases the simplest means used are the best, and that results justify their application.

Moses Marris, an adult male; *æ*t. 38 years; by occupation a stevedore; on the night of the 4th of December, 1871, fell through the hatchway of a vessel, a distance of about thirty feet. In his fall he met with no obstructions; the force of the shock was expended upon the right side of the body; upon reaching the bottom the patient was rendered insensible. In a short while he was taken up, having recovered his senses; he stated that he fell upon his right knee, directly at the time of the shock, the joint being at or about

a right angle, and that he distinctly heard something crack. He was suffering intense pain, and could not bear to be touched. He was a man of sober habits, industrious and temperate. I saw him on the morning of the 5th, at 9 A. M. A casual examination revealed a fracture of the thigh at its lower third, and something more; the leg was shortened about four inches; the knee joint very much enlarged; the patella lying in its natural position but very much elevated; the fore-leg slightly bent upon the thigh; all power and motion in the affected limb lost.

In order to make a complete and satisfactory examination the patient was placed under chloroform, and the following condition found to be the extent of his injury. The right femur was fractured transversely about three inches above the condyles, and points of fracture, separated about one-half inch, the upper end being drawn downward by the action of the muscles, upon the posterior portion of the thigh. The lower end of the femur was split directly in the center, through the continuity of the bone and extending through the condyles into the joint. We thus had three distinct points of fracture, the lower extremity being entirely separated from the upper, and also separated in two distinct points from itself. The capsule of the joint was not ruptured, and the effusion but slight. The bones were widely separated from each other, and in consequence the deformity was great. All the other symptoms incidental to fracture were present, and which the intelligence of your readers does not require me to detail. The various authors on surgery detail but a few of these cases, and your own Gross reports having seen the above condition very seldom. No abrasion of the skin at the point of injury was visible. The fracture was one of simple comminuted complicated character, more remarkable from the fact of the great injury sustained without complete disorganization and destruction. I will not pause to describe the mode and manner of reducing the fracture, but will briefly state the treatment pursued, and call the attention to results obtained.

For the first five days the affected limb was placed upon the double inclined plane and attached firmly to it, a figure-of-eight bandage tightly drawn, extending around the knee joint. At the end of that time the plane was

removed, and the limb extended at full length. All nervous and irritable muscular action had subsided, though the muscles were still strong and active, and the fragments having a tendency to wide displacement. Strong bands of adhesive plaster were placed along the whole extent of the limb, from a point about one inch above the upper fragment and extending in one continuous circuit around the foot, leaving a loop for the insertion of a small piece of soft wood. This was kept in position by a roller bandage extending the whole length of the limb, and circular bands of adhesive plaster placed at intervals. A well-padded curved splint about one foot in length was then placed in the popliteal space and kept in position by a well-applied figure-of-eight bandage. This brought the two longitudinal lower fragments in proper position and kept them there. Extension of the whole limb was accomplished by weights attached to the loop of plaster passing around the foot, counter extension by fixing the shoulders with a strong bandage attached at the back of the bed, in other words, the usual treatment, by weights, as it is termed, and which is now described in all the works upon modern surgery. This was the only form of apparatus used and but once applied. At the end of six weeks the whole was removed. Complete union of the parts had taken place. Gradual friction, use etc., in the course of time restored the paralyzed muscles, and on the 22d day of February 1872, the patient was enabled to move briskly about with rapidly returning functions of the knee-joint. The limb was shortened, by actual measurement, not more than one half an inch. Here, then, we have a case of this complicated character treated we may say with but one single splint, and so situated as to create no discomfort to the patient, and a result satisfactory in the extreme. Formerly the most complicated machinery would have been used, giving trouble, pain and anxiety, and, perhaps, great suffering to the patient, and a result not at all commensurate with the scientific skill displayed.

So simple were the means used and so admirable the results that I have thought best to place them upon record.

I would remark in conclusion that in treatment of fractures of the femur I use entirely the system of weights, with the most uniformly, satisfactory results, having treated

near ten of these fractures in the last four years.

SKIN GRAFTING.

By JOHN BROWNRIGG, M. D.,

Of Columbus, Mississippi.

I will briefly report two cases successfully treated by this modern surgical method.

Friday, Sept. 29, 1871.—Eugenia B.; white girl; æt 16. Chronic ulcer over lower third of tibia, 2½ inches in diameter, of three years' duration. I cut a piece of skin from the calf of the leg and divided it into small pieces of the size of half a grain of wheat, and inserted nine pieces into the granulations, five pieces into vertical incisions with a lancet, and four into oblique incisions as in vaccination. The pieces of skin were confined in the vertical incisions by narrow strips of isinglass plaster, and but for that would have come out.

October 8.—Little patches of pellice or thin epidermis visible around some of the pieces of skin.

October 10.—Large patch of skin near center of ulcer plainly visible, two of the central patches having connected, and spreading on one side until a connection is formed with the skin. Ulcer contracting and rapidly improving.

11th.—Patch of skin in center increased and thickened. The whole mass of granulations seem to be occupied by a net work of white-looking, organized tissue, but the central mass has assumed the characters of true skin with epidermis, looking like the skin of a young infant. The connection between the new tissue and the margin of the skin at the edge of the ulcer, distinct in three places, and the edge of the skin, which was before everted, drawn down at these points.

18th.—The pieces of skin had dropped out, and only two or three had taken root of the nine inserted. This was due to an unhealthy and redundant crop of granulations, except at the middle and upper part of the ulcer. Before grafting, the granulations should be removed by nitrate of silver and dried alum, until a healthy, sensitive surface is obtained; then apply the grafts. The two or three pieces, however, which took root, gradually but slowly covered four-fifths of the ulcer.

November 1.—A small patch still unhealed. At the end of three months the ulcer had entirely healed.

This ulcer followed an exfoliation of the tibia from scrofulous caries, and had resisted all ordinary treatment. Nothing was done after grafting but to keep the ulcer clean and dress it with lard.

CASE II.—Negro man, *æt.* 60; ulcer over lower third of tibia, about two inches in diameter. Stimulated granulations; then inserted nine grafts, in oblique incisions, as they seemed less disposed to come out. Confined the pieces of skin or grafts by narrow strips of adhesive plaster, and directed him to keep the ulcer clean by streaming a little warm water with castile soap, twice daily, and dress it with lard. The ulcer healed entirely in a few weeks.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

Psoas Abscess.

GENTLEMEN: At my last clinic I presented to you several cases of femoral hernia, and remarked, among other things, that such a tumor was sometimes confounded with others which appear in the same region. Among them I mentioned psoas abscess, and to-day I have a case in illustration of this. You will remember that I told you that such an abscess was always situated to the *outside* of the femoral vessels, while a femoral hernia was almost invariably *inside*; that although it had an impression imparted to it by coughing, yet that it was a more forcible, direct and immediate impulse, and also that it could not be reduced and reproduced by different postures with the ease of a hernia. I do not think that a mistake could be made if proper care was used. In peculiar cases, if there was any doubt, the introduction of a very delicate exploring needle would be perfectly justifiable, since no harm could be done.

Pericæcal and perinephritic abscesses, and even empyemic accumulations sometimes appear in this region, but all have a history which would point to their origin. Aneurisms pulsate, yet you must remember that an abscess may receive an impulse from the femoral artery. Malignant tumors and fibro-sarcomata have also a different history from psoas abscess, which is, as you well know, almost always associated with disease of the vertebræ, and which is usually accompanied by excoriation of the spine. The greatest difficulty in diagnosis arises from the presence of iliac abscess, which may occur either from injury to the muscle itself, or from disease of the bony pelvis. Such an abscess sometimes points

above Poupart's ligament, but more frequently follows down the iliacus muscle, or breaks through into this sheath of the psoas, in which case it appears with all the external signs of an ordinary psoas accumulation. Here again the previous history must be considered. I, personally, recall but one case of true acute iliac abscess, and this was occasioned by lifting a heavy weight while in the stooping posture, sufficient fibers of the muscle giving way to give rise to severe symptoms of inflammation with considerable resulting pus.

We have another case of groin tumor waiting outside, and as I now introduce him and exposed the part, you will see that it is a soft, elastic, acuminate swelling, showing heat, redness, pain and all other signs of inflammation and situated to the outside of the femoral artery. It is not therefore a hernia, although I will confirm this diagnosis by asking him to cough. It is not a bubo or enlarged lymphatic gland, for it has not a definite outline. It is not an aneurism, or a malignant growth or a psoas abscess, from reasons which I have before mentioned. Its size is large, while its duration has been but two weeks. Inquiring his occupation. I learn that he is employed in a foundry, and that this portion of his body is frequently subject to pre-sure and blows. This explanation is sufficient to fix it as a simple abscess in the connective tissue. An exploring needle shows pus, and as I now lay it freely open this liquid pours out, and a poultice followed by a compress and some stimulating injection or ointment will complete the cure.

To return to our original subject, however, let me here introduce two children who have just come in, and whose mothers say that they have spinal trouble. In one of them the disease is of two years' duration, and has an instrument upon its person, which, however, fits so badly that it is worse than useless. The other has progressed but a few months, yet as I press upon the lower dorsal vertebræ, whose spines are quite prominent, there is decided tenderness.

Caries, or Potts' disease of the vertebræ, is a strumous affection consisting essentially of a tuberculous infiltration of the bodies of these bones, followed by breaking down of the substance and the formation of pus which makes its way out upon the back, or more commonly down the sheath of the psoas muscle, to appear below Poupart's ligament, as I have shown you already in the case of the man.

It is essential that you recognize it in its earlier stages, and, therefore, whenever you see that a child stops in the midst of its play, bends forward and rests its elbows upon its knees, and after a few moments resume its sports as before, or when it runs and rests itself frequently over the back of a chair, or after jumping from an inconsiderable height stops and supports itself in this position, or throws itself down peevishly, then I say always strip the child and examine it carefully

for yourself. Do not trust to the word of either the mother or nurse.

It is probable that you will find a few of the spines more prominent than the rest, and that they are also tender. A stream of cold water from a sponge will also cause much pain. You will, moreover, also find that the child experiences some difficulty in assuming the erect posture or in turning upon its side, and upon further inquiry you may learn that it is subject to attacks of colic, a fact easily explained from the spinal irritation.

As the disease progresses there is a stiffness or awkwardness in the movements of the body, and in process of time the characteristic deformity of antero-posterior curvature occurs, from the breaking down and disintegrating of the bodies of the vertebrae, under the superincumbent pressure. These bodies give way so slowly that the cord is but seldom compressed sufficiently to occasion paralysis or other serious symptoms.

The best cure that can occur is the solidification or welding together of these separate masses by new osseous tissue. As the carious bony structure breaks down the resulting pus makes its way toward some point of discharge. If the disease be in the cervical vertebrae, this point may be behind the pharynx or upon the side of the neck, or, rarely, down the chest; if in the dorsal, the pus usually follows down the aorta through the aortic opening in the diaphragm, thence along the iliac vessels, and makes its appearance above Poupart's ligament, or, more rarely, it passes backward through the great sacro-sciatic foramen to appear in the gluteal region. When, however, the lumbar vertebrae or the lower dorsal are affected the more common course is the one pursued in this man's case, i. e., down the sheath of the psoas muscle, beneath Poupart's ligament, whence it may even extend down the vessels to the knee or even ankle. In some cases, though more rarely, it works its way directly backward, and points in the lumbar region.

You must remember that pus does not always form in caries of the spine; but in true tuberculous cases it is the rule. Remember also that the abscess may appear before the deformity, in which case much care should be used to discover the pain, tenderness, symptoms of spinal irritation, etc. The disease in this man's case has been a chronic one, extending over a period of several years, and for a long time he was treated for "rheumatism of the back," a fact which is well worthy your note, since it is a very common mistake of physicians.

In all cases of continued lameness and stiffness in movement therefore, especially if associated with continuous pain, do not neglect to search for spinal tenderness. In addition to this tenderness this patient complains of great weakness in his back, with inability to maintain the erect posture for any continued portion of time, while his gait is un-

steady and uncertain, and he has been steadily losing flesh, a fact which is almost always indicative of serious disease. These symptoms are quite different from neuralgia of the spine, or inflammation of the surrounding ligamentous structures, which are sometimes met with, yet it would not always be easy to distinguish between their first stages. Neuralgia of the spine is a purely nervous and functional disease (analogous to the hysterical knee-joints which have been amputated by unwise surgeons), and can be diagnosed by the small circumscribed area of tenderness not usually larger than the finger's end, and by the peculiar pain which is experienced, as though a sharp instrument was being driven into the vertebra. The absence of deformity or rigidity, especially after a few months, would usually set you right. In these neuralgic cases the patients will often consider themselves confirmed invalids, and imagine that they are the victims of a most serious disease, and, in fact, after a long continuance in the recumbent position they may truly become affected with hysterical paraplegia. Such cases must be treated in a similar manner to other hysterical affections.

But what now shall we do with the patients before us. Imprimis, we remark that our only hope is in securing ankylosis, and in order to do this we must ensure perfect quietude of the parts, which will not only favor union, but also prevent attrition of the roughened bones; an act which must only extend the progress of the disease. If very acute cases with great feebleness of the limbs and staggering gait, it is important to adhere to the old plan of treatment, in the recumbent posture. The patient must be provided with an invalid bed, and there he must lie for weeks and months, keeping the air of the room as cool and pure as possible. Rigidity may be assisted by a corset splint, which shall fit closely to the sides and give equal though gentle pressure. This supine position will be difficult to maintain in children, but it must be rigidly enforced in these acute cases. If possible, the bed frame should be portable, so as to allow of removal into the open air without disturbance of the patient. When small children, this out-door exercise is perfectly feasible and should be always employed.

This is the treatment which we shall order for the first child, giving it at the same time two drops of *syr. ferri iodid* (as it is two years old)

R. Tinct. Iodini,
Glycerine.

aa ʒj. M.

together with fifteen drops of *ol. morrhue* three times in the day may be also daily applied to the seat of tenderness. Milk, beef-tea, meats, good vegetables, salt water bathing with frictions (without raising the body), and pure air, for probably ten or twelve months will give sufficient time for ossification to such extent as to permit of the application of an artificial support and the sending of the

patient into the fresh air and warm sunshine.

The greatest difficulty in the confinement will be experienced during the first week, after which time the little one seems to accustom itself to its new life, and may become quite contented. The prone position is the best, since the projecting spine processes are not pressed upon, applications can be more easily applied, spinal congestion is lessened and inflammatory softening thereby diminished.

In the worst cases it is not often proper to permit patients to rise for a year, and often longer, since if this attempt be premature and before complete ossification has occurred, the disease may be awakened with increased vigor, and further deformity ensue.

The apparatus should be constructed by an experienced instrument-maker, and should be accurately adapted; the broad hip band, the uprights, the crutch-heads, and the posterior plate, all being placed so as to give the requisite support. It is not infrequent to find that the hip-band, as in the second case before us, is so poorly fitted that it does not press up the crutch-heads into the arm-pits at all, and consequently the weight of the head and upper extremities is all borne by the spinal column, just as though no instrument were worn. The pressure upon the spinous processes should be but slight, and no great change can be hoped to be accomplished; the great desire must be to prevent further excruciation.

The apparatus should be removed at night, and the parts thoroughly rubbed with alum and whisky.

In many cases when the disease is slow in its course it is not requisite to put the patient to bed, a good apparatus being quite sufficient to effect consolidation. It is only in acute painful cases that such a course is necessary.

When pus collects and the abscess shows itself in whatsoever place it may appear, it is to be allowed to pursue its own course; interference is not required and is positively injurious. In some cases the abscess does not break, but the pus may be gradually absorbed, *i. e.*, the pus is not absorbed as pus, but first undergoes a fatty degeneration. The danger in opening such an abscess, which is usually denominated as "cold," is that violent constitutional symptoms may quickly supervene, and death ensue. These typhoid symptoms and hectic may be accounted for by the fact that the constitution is deteriorated by the long drain (for it is often months in its formation), and also that the pressure being removed from the loops of bloodvessels in each one of the villous processes lining the interior of the walls, more blood is sent to them, thus causing a greater exudation of leucocytes, and a corresponding increase in the amount of pus. The introduction of air has been attempted to be prevented by subcutaneous or valvular punctures, but it usually happens that it will eventually find an entrance, and the train of

symptoms set in which finally end in death. I, therefore, never open them until they have actually "pointed," and are just ready to rupture, when it may be advantageously drawn off by drawing aside the skin, entering a knife obliquely. The knife should be dipped in carbolized oil, and a cloth saturated in the same may be held over the part during the operation, or a spray of carbolic acid thrown simultaneously upon it.

The pus should be only partially removed, when the opening should be closed until it again accumulates; then a similar course may be adopted.

This plan I believe to be just as good as opening under water or attaching a gum tube to the trocar and canula, the plan of suction by pump.

The system should be thoroughly prepared for the operation by generous living, tonics and stimulants, and these stimulants should be increased if constitutional symptoms supervene.

In the man's case before us this opening has spontaneously occurred, and he now has a pus discharging sinus, which is greatly reducing his strength. Of course we shall give him every form of supporting treatment, but it will all be of no permanent avail, since he is evidently doomed, at a not far distant day, from the consequent exhaustion.

MEDICAL SOCIETIES.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[PAPER READ BY DR. JOHN BURKE.]

Delirium Tremens.

The paper I am about to read this evening treats of a disease, one, I regret to say, too common in this latitude, viz.: Delirium Tremens or Wine Fever. I shall endeavor to be practical. I may not, perhaps, advance anything new on the subject, but I feel confident of being able to point out a rational method of treatment, and I hope to elicit from the members of this association their views on this very interesting subject.

I was for years following up the various modes of treatment recommended in the books (and their name is legion), with, I must confess, but very little satisfaction to myself. As in cases of hydrophobia people used to say "a little of the hair of the dog that bit him applied to the wound" will cure, so also in cases of delirium tremens they say the cure lies in whisky, and I grieve to say that many, very many doctors, at the present time, agree with them. A short time since I was called to see a patient in delirium tremens, and who was taking, by order of his physician, a wineglassful of brandy, diluted with ice-water, every three hours; when I protested against such

an insane proceeding, the the wife said: "Oh! how doctors differ." So well she might, for if one doctor thinks a wineglassful of brandy every three hours necessary for the recovery of his patient, another thinks that it is the worst possible treatment, what confidence can patients have in the practice of medicine? Hence, it is so important, both for the welfare of our patients, and for our own reputation, that a proper rational method of treatment should be followed in every disease, so that "doctors differ" shall not be a byword and a reproach to our profession.

Many patients will recover under opposite methods of treatment I allow, as they recover under all self-limiting diseases, and delirium tremens is one of these. The recovery of a single patient under a certain treatment is not a proof that the treatment is the best; persons have recovered after being bled in scarlet fever, delirium tremens, and typhus. I was myself bled early in typhus fever twenty-five years ago, and I am here still.

During a practice of many years in this crowded city, how many fine men in all conditions of life have I seen poisoned by the demon of alcohol; the gentleman in broadcloth, the professional and non-professional, the dandy, the bummer in rags, aye, and women also; some men who would not touch brandy under twenty dollars a gallon, and dock loafers who gulp it down at two. I have seen cases where all the various distilled liquors were the cause, as well as ales and wines, and even cider; but, I apprehend, the cider was well tinged with apple-jack. Of one thing I am pretty well assured, that there is no real case of delirium tremens without alcohol. I have seen cases of nervous excitement and tremor of the muscles caused by the excessive use of tobacco or opium, but these differ very much from delirium tremens; but when you have a case of mania, caused by mental excitement and alcohol combined, it is difficult to tell how much of the disease is caused by the unknown condition of the brain-substance, which we call madness, and the poison of alcohol. It is only by getting clear of the alcohol, and by careful observation afterward, that the degree of real madness can be definitely ascertained. Dr. Jones states, that in all cases of phrenitis, which might be mistaken for mania-a-potu, a notable increase of the phosphates in the urine takes place, whilst in delirium tremens the phosphates are diminished.

The power of resisting the alcoholic poison is great in some and feeble in others. Some men use alcohol even in large quantities day after day, for weeks and months without any serious result, others are poisoned in a short time. I may here put in a word of caution. Some people, especially the weaker sex, drink freely on the sly. They will so cover up their evil habit that even their intimate friends are ignorant of its existence. I have met with many such cases. There is not much use in in-

quiring about whisky, she herself will stoutly deny it if she be a private drinker and her friends know nothing of it; but perhaps the servant girl may be able to enlighten you. There may be no actual delirium present, but there is fever, a feeble pulse and vomiting; in fact in such a case, most doctors would be disposed to order a little for the stomach's sake. We all know how much good in many cases of debility and obstinate vomiting, champagne and ice will do. I myself have been deceived in such cases and ordered stimulants, but only to make matters worse. Many have died of the direct effects of alcohol poison, and neither physician nor friends suspecting the cause, the death was attributed to some other source. It has often surprised me how private drinkers will stoutly deny that they even taste a drop; yet they are fuddled half their time. You may look in vain for reform as long as they deny the habit. Here, open confession is good for the body if not for the soul, for I never yet met a case where the frank acknowledgement of the habit of private drinking was made to the physician or friends, that it was not followed by a complete abandonment of the custom.

Delirium tremens may attack a person when on the full career of a spree, and again may not appear until some days after he has ceased drinking. In my experience I generally find it attacked the patient a day or two after leaving off drinking, and this has given rise to the idea that stopping the liquor caused the delirium, and hence has arisen the brandy treatment, which has taken hold of some physicians, and upon all patients and their friends.

Alcohol is accumulative in the system, when the blood becomes too full of it the system becomes depressed, and is unable to get rid of the poison as rapidly as it accumulates, hence delirium tremens occurring in the midst of a debauch. But in the majority of cases, before a patient arrives at that point, either his stomach becomes disgusted with the alcohol or the supply is cut off. He would now recover with perhaps some bad feeling, but without delirium tremens, if something else does not supervene.

From the derangement of stomach, and the alcohol, the system is lowered; it is unable to resist sudden changes of temperature; a slight fever, a bronchitis, a pneumonia or erysipelas, or some other acute affection may take hold of him; the secretions are arrested; the alcohol is prevented from passing off either by the lungs, kidneys or skin. It is kept in the system, and delirium tremens arises in consequence. We find, therefore, that the attack is generally preceded by a cold, or some shock to the nervous system, such as a cut, a blow or a fall. One reacts on the other. The system, weakened by alcohol, a slight fever or derangement of the stomach, or an injury supervenes, the power of throwing off the poison is partially or wholly arrested.

It is retained in the system, and that peculiar toxical condition which we call delirium tremens is the result. To these causes, and not to the sudden abandonment of the use of alcohol, do I attribute the disease.

I am disposed to give a great deal of credit to the stomach for the power the system has of resisting alcohol fever and other fevers. Delirium tremens will seldom attack a person when the appetite and digestion are good, and when he follows a laborious business. I have known laborers, when whisky was cheap, rush into a bar-room and swallow down a tumblerful of dilute alcohol before breakfast, the same before dinner, the same before supper, and three or four before bedtime, and thus month after month, and year after year, without producing any visible effect, whilst the liquor dealers and bar-keepers who supplied them sank into premature graves. I attribute this immunity of the laboring classes to their good digestion and elimination, which hard work and open air so materially assist.

It is unnecessary for me to describe the patient with delirium tremens; he has been seen so often in high life and low life that his face is familiar enough, but without seeing his face at all I can almost recognize him by the shake of his hand. You will be called, perhaps, to see a patient, and find him dressed and walking up and down the floor, which is often the case when the disease is not complicated; he will salute you good-naturedly by "How are you, doctor? I am quite well; there is nothing the matter with me," though, perhaps, he may not have slept in two nights, nor partaken of any food for several days. Suddenly he will look over your shoulder, and say: "Doctor, who are those fellows behind you?" On being informed that there are no fellows there, he will not contradict you, but say they were there a moment ago, for he saw them. He will then be observed picking something off his clothes, and being asked what he is doing, will answer that he is picking off flies or bugs; he will exclaim that he is annoyed by snakes, or toads, or other creeping things; he will inform you that he has killed last night two bushel basketfuls of snakes and serpents, and that they are not all killed yet. And never will be while the whisky lasts.

In common mild cases the face is pale generally. The eye, in most cases, dull and restless, but in a few bright and glistening. Pulse feeble and soft; hands tremulous. The shake of the hand is peculiar. There is a want of tone in it, so much so that a practiced physician can almost diagnose a case of delirium tremens by the shake of the hand. The tongue is generally coated and always tremulous. There is often vomiting, but the state of the bowels is not worthy of note.

Cases occur when the delirium is furious. Eyes congested, sometimes brilliant; patient difficult to restrain; whereas in ordinary cases

they are readily controlled by the voice. There is another variety characterized by intense fear. The patient coils himself up in bed in as small a compass as it is possible for a man to roll himself. His face denotes intense terror. He imagines that somebody is about to slay him, or that a legion of devils are about to drag him away. Some dread, however, is characteristic of all cases of delirium tremens, and it is this imaginary fear which makes careful watching so necessary, for through fear they often kill themselves or somebody else. Further detail of symptoms is hardly necessary, as every case has certain marks, in common, which are readily recognized. Yet every case has certain differences, modified, probably, by the state of the nervous system, or the constitution of the patient, or, it may be, by the quality or kind of whisky he has been imbibing. You will not find in typhus or any other fever two patients affected exactly alike. How then can we expect it in wine fever?

After due reflection I have arrived at the conclusion that delirium tremens is a fever caused by alcohol, whether imbibed in its distilled or fermented form; that the disease is self-limiting. Just as typhus or scarlatina is a poison, non-tangible it is true, but yet as real as alcohol; the blood is poisoned, and after a certain number of days, generally under two weeks, the poison is eliminated and the patient recovers.

Delirium tremens is sometimes complicated with other diseases: pneumonia, bronchitis, erysipelas, congestion of kidneys, injuries, etc., which of course add considerable gravity to the case. I have seen it frequently combined with acute pneumonia and acute nephritis, and in both cases the condition of the patient is exceedingly critical. In the latter especially great reserve must be exercised in giving a prognosis, because death may ensue very suddenly from uremic poisoning. Having commenced treatment of such a case, or changed a prescription a short time before a convulsion comes on, the friends will invariably attribute the fit to the remedy instead of the right cause. Mankind is uncharitable to doctors; "such a one killed John Smith after one dose." They never care to reflect that John Smith was drinking whisky poison for years. John Smith being suddenly taken ill, a doctor is sent for who orders him a dose of castor oil; but if John die before the arrival of the doctor, they will then lay the blame on God Almighty. I must confess I feel somewhat at ease when they blame the Lord, He being so far beyond their reach. People will rarely attribute the death to the right cause, especially if there be whisky in it, unless it should happen to be some poor wretch without friends; then, of course, it is lawful for everybody to cast a stone at him.

It is, therefore, very necessary to be guarded. In every case it is well to tell the friends of the patient that there is danger of

convulsions and sudden death before you commence treatment. A single case will forcibly illustrate this meaning: One night I was called to see a well-formed and vigorous man. He was sitting in his chair; he talked to me on various subjects sensibly enough; but his hands and tongue were quivering, and the snakes were annoying him terribly; about to lie down, he was in the act of removing his vest, when he was seized with a terrible convulsion, which terminated in ster-tor and death in half an hour. I was glad, indeed, he had not taken any of my medicine, and his friends were reluctantly compelled to attribute his death to the whisky.

Another time I was summoned to attend a woman. I really did not think she was very bad; I had seen dozens of worse cases. I prescribed sulphuric ether and beef-tea; when I called the next morning she was dead; during the night convulsions had come on and death resulted. The friends berated me savagely, said my medicine had killed her, and acted in such a manner that I was glad to escape with a whole skin; although this happened years ago, I suppose they are abusing me yet.

I have seen many deaths where delirium tremens was complicated with pneumonia, erysipelas, or with wounds and injuries. In such cases, be the accompanying sickness ever so slight, I dread the result; still, even in desperate cases, it will not do to abandon all hope.

I had a patient last year, a plethoric gentleman, aged about fifty, and who had been drinking freely for the past thirty years. He was taken ill three days before I saw him; had a chill, followed by fever and pain in the side, and delirium tremens. He had been on a spree two weeks, and had caught a severe cold.

Upon examination I found one lung extensively hepatized and bronchial rales over the chest, great delirium and constant muttering. When spoken to he gave rational answers. His was really a forlorn case. I told his friends how ill he was, and not caring to bear the responsibility alone I advised a consultation. Another doctor, of very extensive practice and a great deal of ability, was called in. We both agreed that his case was well nigh hopeless; but still I held on. Judge our surprise when he was out of bed in two weeks quite well, and is alive to-day. Both of us thought that he had taken his last spree.

I have seen men recover from several attacks of convulsions in delirium tremens; I have attended patients in repeated attacks. People say that the third attack of delirium tremens is surely fatal. I have seen men die in the first seizure, and I have known men to recover after a baker's dozen. It is well, therefore, never to give up hope of the sinking ship, especially if you yourself be standing on dry land.

(To be continued.)

EDITORIAL DEPARTMENT.

Periscope.

The Causes of Decay in Teeth.

Dr. C. R. E. KOCH has an article on dental caries in the *American Journal of Dental Science*, from which we make the following extracts:

Let us first look at the predisposing causes of caries which may be either hereditary, congenital or accidental.

That children, partaking in a marked degree of the general physique of either of their parents, will have a similarity in shape, structure and arrangement of their parents' teeth, I believe is generally conceded, and unless this parent has become subject to the ravages of syphilis, or other transmissible constitutional vice, after his or her teeth were formed, or some derangement of the child's own constitution during the formative process has occurred, to alter the transmitting good condition of this parent's teeth, this law holds good. In other words, feeble parents, and those pos-

sessing poor teeth, will never find that their progeny have particularly strong teeth; whereas, parents who possess the strongest character of teeth, may fail to transmit these.

By congenital, we do not merely understand those causes which were operative during intra-uterine existence of the child, but also those which are so previous to the eruption or birth of the tooth. This class of predisposing causes is subject to a variety of conditions, chief among which are imperfect nutrition supplied to the mother during pregnancy and lactation, and the child up to puberty, and lack of the assimilation, either through the digestive organs failing to appropriate from the blood the elements required, or the tissues failing to appropriate from the blood the elements essential to them, either in quantity or quality.

Diseased condition of the deciduous teeth may, by interfering with the calcification of the germs of the permanent teeth, leave a baneful influence upon the latter.

Among the accidental causes predisposing to caries, we must count, first, everything that

will give more ready access to the action of the corroding agents; and secondly, everything that will aid in the formation of these agents.

Blows fracturing enamel or dentine, crowded and illy arranged teeth, the presence of supernumerary teeth, sudden thermal changes, as from hot tea to ice water, badly performed dental operations, etc., may be cited as of the first class. Any prolonged general derangement of the system, fevers, indigestion, nervous excitements, carious or otherwise diseased teeth, etc., are instances of the latter class.

Pregnancy is generally followed and accompanied by rapid progress of caries in the teeth. This may be owing to the fact that all the vital energies are engaged in a remote direction, and thus the approach of the caries is not resisted by the formation of the zone of consolidation (of Tomes) or of calcification; or it may be caused by the fact that the secretions in this condition become surcharged with acrid agents. But we know that this end is accomplished—no matter how—and the old maxim, "for every child a tooth," upon examination may not be as preposterous as it may at a first glance appear.

The exciting cause is always of a chemical nature, and is either owing to the presence of acid or alkali, but most generally acid. I must confess never to have found an alkaline reaction in caries when applying a test, but believe that this must have been owing more to an improper procedure on my part than to the actual condition of the caries tested. The variety of caries in which the white, chalky mass remains, and presents the appearance of having lost all its organic particles, certainly would cause one to believe that alkali must have been its cause. Even dilute acids will readily act upon perfectly formed and healthy enamel; but unless the dentine has become exposed, and is of a highly organized description, alkali will not act upon the teeth.

But no matter whether the agent is acid or alkaline, it is either held in solution in the fluids of the mouth, as they are secreted from the salivary glands and mucous membrane, generated by fermentation from the particles of the food in the interstices of the teeth; or it may be introduced as food, or as medicine. Acid eructations from the stomach, as in dyspepsia, often vitiate the fluids of the mouth. Carious cavities in teeth, and the remnants of teeth which have long since passed away, often serve as vessels for fermentation of particles of food. These agents sometimes act primarily upon the enamel, but more generally they penetrate the sulci of the molars and bicuspids, in which the enamel is not perfectly united, or any other fissure or opening, and reaching the dentine, act quite readily.

Before looking at the remedies with which to combat the evil of dental caries, let us briefly consider the consequences it may produce. The immediate result is usually a most severe toothache, resulting frequently in in-

flammation and suppuration of the pulp; in periosteal inflammation, alveolar abscess and loss of the tooth. Facial neuralgia, hemiplegia, and other affections of the nervous system, are often caused by carious teeth. The diseased condition of the teeth prevents proper mastication, and this, together with their foul and decaying matter becoming mingled with the ingesta, is the frequent cause of dyspepsia. Consumption is also said to be incited by the fetor of the inhalations. Deafness and functional difficulties of other distant organs have been ascribed as the result of caries in teeth. Insanity has been cured by the extraction of carious teeth.

Enlargement of Spleen Treated with Hyposulphite of Soda.

Dr. THOMAS HILL, of Danville, Mo., writes to the *Louisville Medical and Surgical Journal*: It having been my fortune monthly to have to treat several cases of enlargement of the spleen, and finding all the methods recommended in the books unsatisfactory, I concluded to try the effect of hyposulphite of soda, and met with such good results that I am induced to send you a report of a few cases for the *Journal*.

CASE I.—K. B., *æt.* eight months; male. This little child had been having ague and fever almost from his birth; his mother having suffered with them almost through her whole pregnancy. The whole family having ague and fever; living on a low mill-pond, I recommended a removal to a more healthy locality, and put them on quinine and iron; they all soon improved, except the baby. Upon carefully examining it, I detected the presence of a large ague cake, and made the following prescription:

R. Quinine,	gr. viij.	
Hyposulph. soda,	gr. xvj.	
Water,	℥j.	
Elix. vitriol,	gtts. vj.	M.

Sig.—Give a teaspoonful every two hours. A poultice of hoarhound to be applied to the spleen. In two days the enlargement had subsided, and by the use of small doses of iodide of iron the child was soon restored to health.

CASE II.—Was an adult male. In this case ten grain doses of hyposulphite of soda, with one grain of quinine every four hours, completed the cure.

An infant seven months of age. Spleen enormously enlarged, with a yellow-jaundiced appearance of skin; chills and fever every other day. I put this child under the same treatment as the first, with an occasional dose of hydrarg. cum. creta, *grs.* ij., and in four days it was entirely restored.

I would here state, that in the treatment of ague and fever I have repeatedly used the hyposulphite soda, and generally with good results; but for it to act beneficially, I have found that it must be dissolved in plenty of

water, or two ounces of water to ten grains for an adult.

I have treated a good many other cases, but think these examples enough to draw the attention of the profession to the remedy.

Reviews and Book Notices.

NOTES ON BOOKS.

—Dr. JNO. M. WOODWORTH, Supervising Surgeon of the U. S. Marine Hospital, has submitted to the Secretary of the Treasury a comparative statement of the operations of the United States Marine Hospital Service for the six months ending December 31, 1871, and the six months ending December 31, 1870, showing the number of days of hospital relief and the amount of expenditures incurred for the care and treatment of sick and disabled seamen; also the amount of hospital tax collected during the same periods.

The reduction of expenditures during the six months ending December 31, 1871, over the six months ending December 31, 1870, amounts in the aggregate to over \$40,000, which saves 17 per cent. to the fund.

The amount of hospital tax collected during the last six months of 1871 is 10 per cent. greater than the amount collected during the corresponding six months of 1870 under the operation of the same law.

—Commencing with January, the *Dublin Quarterly Journal of Medical Science* has been transformed into a monthly with the name, *The Dublin Journal of Medical Science*.

—The *National Medical Journal*, published at Washington, is still in hot water. The publishers have distributed a circular charging the editors with dereliction of duty. So much for having a medical journal, which ought always to be independent, controlled in the interests of science, and under the ægis of responsible, known professional gentlemen; instead of this, the creation of a tradesman chiefly employed for extending trade interests and governed with a view to that result.

—Nineteenth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Media, Delaware county, 1872.

—Vivisection. A prize essay, by C. Fleming, Esq., F. R. G. S., F. A. S. L., Vet-

erinary Surgeon, etc. Philadelphia, 1871. Published by the Women's Branch of the Pennsylvania Society for the Prevention of Cruelty to Animals.

BOOK NOTICES.

A Physicians' Counsels to Man in Health and Disease. By Walter C. Taylor, A. M., M. D., etc. Springfield: W. J. Holland & Co. 1872. 1 vol., 8vo., cloth, pp. 399. Sold by subscription.

This work is intended, we presume, chiefly, if not wholly, for popular rather than scientific readers. It is divided into two parts, the one treating of man in health, the other of man in diseased conditions. The former embraces brief notices of the anatomy and physiology of the male, considerations on the history and purposes of marriage, and very complete instructions relating to the hygienic government of the various epochs of life. The second part describes a number of diseases peculiar to the male, arising more or less from the peculiarities of his organization, and contains suggestions for their treatment so far as this can be undertaken by persons of intelligence, without special education in subjects strictly medical.

After a careful examination of the book we have found nothing in it morally or medically objectionable. The author's views are carefully presented, and generally well up to the requirements of modern thought. Much that he writes deserves a far more general diffusion than it has yet received among general readers.

In the preface the author argues in favor of the necessity of a work of this character to counteract the effects of ignorance and deliberate vice, and acknowledges his obligations to Prof. HAMMOND and Dr. ACTON, whose views he closely follows. As the time has gone by when such topics were studiously concealed from the public we commend this as good as any book of the kind we have seen.

—A peripatetic doctor makes his home at New-London, Ct., who goes about from house to house hawking his nostrums. He opens the door and sings out, "Anybody in here got the rheumatism, coughs, colds, neuralgia, heart-disease, or anything else?" When told "no," he responds, "glad of it," bangs the door and moves on.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 6, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE END OF THE DIPLOMA TRADE.

Justice, leaden-footed as she is, has at last overtaken the traders in diplomas. On the 21st of March, in the Pennsylvania Legislature, the Hon. Mr. Randall made the following report from the committee to investigate the fraudulent issue of medical diplomas:

"The undersigned members of the committee appointed pursuant to a resolution of January 24, 1872, to investigate the facts concerning the alleged corrupt issuing of 'medical diplomas' by any medical college existing under the laws of this State, beg leave to submit the following report:

"Your committee met on the 31st of January, A. D. 1872, and organized by electing A. M. Martin clerk; and being profoundly impressed with the importance of the subject committed to their charge, have prosecuted what they believe to be a thorough and searching, as well as a fair and impartial, investigation of the charges referred to.

"The sessions of your committee have all been held in public in the cities of Philadelphia and Harrisburg; the proceedings have all been published, and the faculty and trustees of all the institutions have had full liberty to furnish any evidence, either exonerating themselves or implicating others; thus, as your committee believe, adapting every precaution to protect the innocent and neglecting no proper means to expose the guilty.

"The institutions in regard to which inquiry has been made are the University of Pennsylvania, the Jefferson Medical College, the Philadelphia University of Medicine and Surgery, and the Eclectic College of Medicine, all of which are located in the city of Philadelphia.

"In regard to the two first named institutions, the University of Pennsylvania and the Jefferson Medical College, your committee feel bound to report that a full and careful inquiry has developed no cause for suspicion that either the trustees or faculty or any member thereof have in any way been concerned in the unlawful issue of medical diplomas or the improper issue of what are termed 'Honorary Degrees.' On the contrary, the concurrent and uncontradicted testimony shows conclusively that persons connected with these institutions have, from the commencement of this nefarious traffic in diplomas and degrees, used all proper means both to expose and prevent the same, thus fully justifying the high estimate placed upon these institutions and affording new proof of their just title to public confidence and esteem.

"The other institutions which at present are known by the names of the Eclectic Medical College and the Philadelphia University of Medicine and Surgery, seem to owe their corporate existence to some very complicated and mysterious legislation. The legislative authority under which they seem to act are, first, the act of February 25, 1850, by which the 'Eclectic College' was incorporated, and the act of February 26, 1853, by which the American College of Medicine in Pennsylvania was incorporated. By the act of February 26, 1853, the word 'Eclectic' was stricken out of the act of February 25, 1850, the original act. By the act of February 15, 1860, the American College of Medicine in Pennsylvania and the Eclectic College of Philadelphia were hereafter to be known by the title of the Eclectic College.

"By the act of 1867 the American University of Philadelphia was incorporated, and by the terms of its charter has no power to confer medical degrees except upon persons who have passed through the ordinary clinical course of study. By an act approved March 21, 1865, we have the first appearance of the Philadelphia University of Medicine and Surgery, and this appears to arise from a

merger of the Eclectic Medical College and the American College of Medicine.

"An examination of nine witnesses has convinced your committee that the Philadelphia University of Medicine and Surgery, under the management of Dr. WILLIAM PAYNE and the Eclectic Medical College, under the management of Dr. JOHN BUCHANAN, have for a long time openly engaged in the sale of diplomas to persons who had not attended even a practical collegiate course, and who in many instances were without any medical or scientific attainments whatever.

"It is in evidence that Dr. PAYNE made an agreement for the sale of diplomas, for the consideration of \$200, conferring the degrees of M. D. and LL. D. to a person of whom he knew nothing except the name, and that in pursuance of this arrangement said diplomas were regularly made out and signed. The person named in this instance is stated to have been an infant but two years old. It was also proved that Dr. PAYNE entered into an agreement with other parties to furnish diplomas for sale. In many instances there was positive proof that he had issued the diplomas of the Philadelphia University of Medicine and Surgery for a consideration to persons who had never attended any course of instruction, and to others who had only attended a few lectures in the course, and almost invariably without requiring an examination of the person so graduated, or the writing of a thesis.

"In a number of cases witnesses testify to having received meritorious degrees in medicine, without study, examination or even payment. An examination of the books of the Philadelphia University of Medicine and Surgery discloses the fact that many *honorary degrees* from that institution were disposed of for money, the entries stating specifically the amounts paid for such degrees, and the names of the persons to whom they were sold.

"The testimony concerning the illicit traffic in diplomas by the Eclectic College of Medicine, under the management of Dr. JOHN BUCHANAN, developed some most astounding facts connected with the management of this institution. It appears to be notorious that the sale of degrees by this college was carried on openly and systematically. Diplomas from this college, in regular form and signed

by the faculty, have been granted to women who could not even tell the location of the college; and there is abundant testimony of the sale of degrees to persons who never attended any of the course or received any medical instruction whatever. One of the faculty testified before the committee that, during the time he filled an important chair in this college, he visited a distant part of the State for the purpose of ascertaining who among the practicing physicians of that locality were without diplomas, with the intention of selling them degrees for whatever sum could be obtained.

"Your committee feel bound to report that this illicit and disgraceful traffic in diplomas by the two colleges above named has brought the medical profession of the State into disrepute, and has done great injury to the character and standing of the University of Pennsylvania and the Jefferson Medical College. Several members of the faculty of the institutions testified that they are constantly in receipt of letters from distant parts of the country and from England, inquiring upon what terms and conditions diplomas could be purchased, and a number of these letters were produced before your committee, copies of which will be found among the notes of testimony herewith submitted.

"It seems to have been the design of those engaged in the nefarious business to create the impression that they really represented the University of Pennsylvania at Philadelphia, and hence their endeavors by frequent legislation to obtain such names as would be likely to be mistaken for it. It is certain from the testimony adduced that both the Eclectic College of Medicine and the Philadelphia University of Medicine and Surgery sold many scholarships to persons who supposed they were purchasing the scholarships of the University of Pennsylvania, and that in no known instance was the error corrected when the student discovered the mistake.

"In view therefore of the clearly established fact that both the Eclectic College of Medicine and the Philadelphia University of Medicine and Surgery have abused the trust confided in them by the Legislature by their several acts of incorporation, by selling their degrees to persons who had not attended the regular course of instruction, or were in any manner entitled to hold diplomas from a chartered

college, and that their existence as incorporated medical institutions, is productive of great disgrace to the medical profession and surgery of the community, respectfully recommending the passage of a law repealing all former laws incorporating said institutions."

Mr. RANDALL supplied the following preamble to the bill repealing the charter of the Eclectic College:

"WHEREAS, It has been ascertained by evidence produced before a committee of the Senate of the Commonwealth of Pennsylvania, that the institution known as the Eclectic Medical College of Pennsylvania has for some time past been engaged in the unlawful sale and issuing of medical diplomas to persons not qualified to receive the same, in violation of the spirit and terms of its charter, to the great detriment of the public interest, tending to bring the medical institutions of the State into discredit, and endanger the public health by permitting persons utterly unqualified to practice medicine to exhibit diplomas improperly obtained; therefore, etc."

The bill then passed finally by unanimous *visa voce* vote.

Mr. RANDALL also offered the following preamble to the bill repealing the charter of the Philadelphia University of Medicine:

"WHEREAS, It has been ascertained by evidence produced before a committee of the Senate of the Commonwealth of Pennsylvania, that the institution known as the Philadelphia University of Medicine has for some time past been engaged in the unlawful sale and issuing of medical diplomas to persons not qualified to receive the same, in violation of the spirit and terms of its charter, and to the great detriment of the public interest, tending to bring the medical institutions of State into disrepute and endanger the public health by permitting persons unqualified to practice medicine, to exhibit diplomas so improperly obtained; therefore, etc."

The bill then passed finally by a unanimous *visa voce* vote.

Mr. RANDALL's energy and action are most praiseworthy, and deserve recognition from the honest men of all parties. Thus ends, we hope forever (for we do not contemplate the possibility of Gov. GEARY stepping in to avert such just retribution), the disgraceful trade in degrees against which we have so

long and so earnestly entered our protest. We did so, though threatened by these villainous institutions, not only with libel suits and all manner of legal trouble, but even, on more than one occasion, with personal violence; we continued doing so when the legitimate institutions of this city, whose duty it was to take active measures to stop this national disgrace, supinely and timorously held back from this duty and rendered no sort of aid to our endeavors, the dean of one not even replying to a communication in which we offered to place in his hands incontestable proof of the sale of medical diplomas. *Suum cuique*, therefore, honor to whom honor is due, for this victory.

THE ILLINOIS MEDICAL AND DRUG BILL.

The State of Illinois has been leading the van of late years in sound and liberal legislation. Her new constitution, her action on the sale of intoxicants and her policy toward education, rightfully claim praise from thinking men.

We now subjoin a copy of a bill for an act to regulate the practice of medicine and surgery and the sale of medicines and drugs in the State, which was recently passed by the Legislature at Springfield.

SECTION 1. *Be it enacted by the people of the State of Illinois, represented in the General Assembly, That it shall be unlawful for any person who has not graduated at some medical college or school, or who cannot produce a certificate of qualification from some State, county, city or district medical society, composed of not less than six members, and who cannot produce a certificate of good moral character from some court of record in the United States or the territories thereof, to practice medicine or surgery in any of their departments, for reward or compensation, or to attempt to practice either medicine or surgery in any of their departments, or to prescribe medicine or medicines for reward or compensation, within the State of Illinois: Provided, this section shall not apply to any person or persons who may be regularly engaged in the*

practice of either of the said sciences in any of their departments within this State, on the first day of July, in the year of our Lord one thousand eight hundred and seventy-two.

SEC. 2. It shall be unlawful for any person, who is not a graduate of some college or school of medicine or pharmacy, or who shall not have a certificate of qualification from some State, county, city or district society of physicians or pharmacutists, to dispense medicines by prescription, for reward or compensation, or to attempt to dispense the same by prescription, without the qualification in this section provided, within this State: *Provided*, the provisions of this section shall not be so construed as to apply to persons who have been regularly engaged in the dispensing of medicines by prescription, within this State, for the space of one year next preceding July first, eighteen hundred and seventy-two.

SEC. 3. All prescriptions for mixing or compounding of medicines by physicians, surgeons or other persons engaged in the practice of medicine or surgery, in this State, shall be written in the English language, in all cases where the same can be done.

§ 4. It shall be unlawful for any person to sell, barter or exchange, or to attempt to sell, barter or exchange, within this State, any compound or patent medicine, until the owner or owners thereof, his or their duly authorized agent, shall have filed in the office of the clerk of the county court of any county in this State, in which such sale, barter or exchange is proposed, a full statement of the ingredients or constituent parts of which such compound or patent medicine is composed, which statement shall be verified by the affidavit of the person filing the same, and shall be made before the clerk of the court in whose office the same is filed, and carefully preserved by such clerk.

§ 5. It shall be the duty of all clerks of this State, with whom any such statement is filed, to immediately record the same in a book to be kept by him for that purpose, for which recording, filing and administering the oath to the person making such affidavit, he shall be entitled to charge and collect a fee of one dollar, and which book shall be deemed a public record at all times when the office is open—to be for the inspection of all persons desirous of examining the same.

§ 6. Any person who shall violate any of the provisions of this act, shall be proceeded against, either by indictment or by information before any court of competent jurisdiction, and upon conviction, shall be fined for the first offense not less than ten dollars nor more than one hundred dollars, and for the second offense not less than fifty dollars nor more than two hundred, and it shall be a part of the sentence that the person convicted shall stand committed until the fine and costs are paid: *Provided*, the provisions of section one of this act shall not be so construed as to apply to persons practicing dentistry.

§ 7. Any person swearing falsely to any statement provided in this act to be verified by affidavit, shall be deemed guilty of perjury, and upon conviction, shall be punished as is now or may hereafter be provided by law for that offense.

§ 8. It is hereby made the duty of all State's attorneys, sheriffs, coroners, constable and peace officers, to see that the provisions of this act are properly enforced within their respective districts.

We believe the general tenor of this bill will be heartily commended by all intelligent and honest members of either avocation which it affects. Especially do the clauses relating to the manufacture and sale of patent medicines meet our unqualified approval. Since the failure of medical associations to take any decided action on the subject, it is high time that legislatures look after the welfare of the people in this respect. Would that other States would speedily follow the example here set!

Notes and Comments.

The New Health Officer of New York.

One of the best appointments ever made by the Executive of a State was the appointment by Gov. HOFFMAN of Dr. S. OAKLEY VANDERPOEL, of Albany, to the position of Health Officer of New York. This is one of the most important offices in the country held by a medical man, and the profession and people of New York and the country are to be congratulated that such an efficient man has been appointed to it.

The following letter has been addressed to

Dr. Vanderpoel by prominent medical men of New York:

NEW YORK, Feb. 28, 1872.

S. O. VANDERPOEL, M. D., Albany.

Dear Sir: We have heard with the greatest satisfaction of your nomination by the Governor as Health Officer of the port of New York. We regard it as most fortunate, for the credit and interests of all concerned, that the above office should be filled by an incumbent like yourself, fitted by every personal and professional qualification to perform its duties in the best possible manner. Possessing, as you do, the entire confidence and esteem of the profession, your confirmation and acceptance would be received with universal satisfaction.

(Signed) Edward Delafield, M. D.; John T. Metcalfe, M. D.; Isaac E. Taylor, M. D.; T. Gaillard Thomas, M. D.; A. Clark, M. D.; W. H. Van Buren, M. D.; Willard Parker, M. D.; Alfred L. Loomis, M. D.; Wm. Detmold, M. D.; T. M. Markoe, M. D.; A. Dubois, M. D.; Austin Flint, M. D.; Charles A. Budd, M. D.; J. C. Dalton, M. D.; John J. Crane, M. D.; H. B. Sands, M. D.; C. Henschel, M. D.; John G. Curtis, M. D.; Edw. Fowler, M. D.; Geo. A. Peters, M. D.; E. R. Peaslee, M. D.; W. H. Draper, M. D.; L. Ranney, M. D.; John O. Stone, M. D.; Gustavus A. Sabine, M. D.; C. F. Heywood, M. D.; Henry D. Noyes, M. D.

Proper Action.

The city council of Altoona, Pa., appointed Drs. FINDLEY and BREHMAN on the city board of health with Dr. ALLEN, a homeopathist. They very properly declined to serve, giving their reasons as follows:

"As members of the medical profession who have subscribed to the code of medical ethics, above quoted from, we are bound by all its prohibitions, as well as by its requirements; and in that code it is most emphatically written: 'No one can be considered as a regular practitioner, or a fit associate in consultations, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession.' Now as homopathy is an exclusive dogma, upon which is based, as we believe, an exclusive and most irrational practice, we are positively debarred from all recognition of or consultation with it.

"In saying this, we must not be understood as derogating in the slightest degree or manner from Dr. ALLEN, as an honorable man or good citizen. Aside from homopathy, he has our respect and esteem. But as a homeopathist we can have no consultation with him.

There is no common ground on which we can meet. And this is not our fault. Our code of ethics was matured long before homopathy was born. Being the willing victims of a medical schism, which ignores medical philosophy, medical science and medical reason, homopathists cannot complain if, like all other schismatics, they forfeit the rights and privileges of the profession from which they separated."

Premature.

In one of the stories which is appearing as a serial in a periodical published in New York, the heroine describes herself as having been chloroformed by burglars thirty years ago. This must have been in 1841, more than six years before chloroform was first used as an anæsthetic in a Scotch hospital. We may add that neither before nor since have any heroines except "willing victims" been overcome by this means.

Big Babies.

Dr. SIGWORTH, of Vanderbilt, Iowa, writes us:

"In the February 24th number of the MEDICAL AND SURGICAL REPORTER are cases reported by Dr. CRAMPTON of plural births, weight, etc.

"In reading it and seeing the combined weight of the children, I am reminded of two extraordinary cases of large births in my practice here on the Iowa prairies.

"Mrs. C., Irish; husband Bohemian; October 5, 1869, sixth labor, son; weight when dressed sixteen pounds. January 18, 1872, seventh labor; son, fifteen pounds. In labor each time between two and three hours."

The Blood in Syphilis and Small-Pox.

The appearances which Dr. LOSTORFER claims to have found in the blood of syphilitic patients are described as small shining bodies, from the surface of which projections are occasionally visible. They increase in numbers by a process of sprouting or proliferation. Other bodies are thus formed, which in turn send off sprouts, which separate and pursue an independent existence.

In small-pox bacteria have been found in the blood immediately around the pock, and Dr. NEUKOMM, of Zurich, has discovered peculiar large crystallized bodies, the nature of which he has not yet determined.

There are other diseases, as scarlatina and erysipelas, in which the blood is said to present some similar anomalous characters. We are pleased to learn that several students in this country are devoting earnest attention to the subject.

—The cultivation of the poppy in France is steadily increasing, and it now occupies about 50,000 acres, of the value of 4,500,000 francs, yielding opium to the value of 2,000,000 francs per year. Different samples of opium, raised in various parts of Europe, yielded from 8 to 13 per cent. of morphine.

Correspondence.

DOMESTIC.

Treatment of True Croup by Inhalation of Glycerine Myrrh and Carbolic Acid.

EDS. MED. AND SURG. REPORTER :

My brother, aged three years, was taken with true croup, having the peculiar cough, croupal cough, accompanied by sonorous or stridulous breathing. He had slight fever and flushed face for a week before the above symptoms set in; having no catarrhal symptoms whatever. The usual treatment employed in this disease was applied, but without any benefit. Having lost a case the week previous I determined to try some other treatment on this case. I ordered the following treatment :

R. Glycerine,
Tinct. myrrh, aa. ʒijss.
Carbolic acid, grs. ij.

M

To be applied every six hours, through the complete steam atomizer.

It was applied for the first twenty-four hours with but very little relief to the patient, when I ordered it to be applied every hour for five or ten minutes at a time. When the third application had been made the cough became more free and moist. The applications were made every hour for fifteen hours, when there was free secretion from the nose, with expectorations of mucus and purulent matter. Recovery from the disease is the result of the above treatment. I have used the same treatment in scarlatina anginosa and diphtheria with good success, reducing the inflammation and cooling the parts. The effect of the medicine is supposed to increase the secretions of the mucous membrane and reduce tumefaction. Whether there is anything in this as a treatment for true croup is to be determined by further trial. Hoping to hear from some one I am yours with respect.

N. M. MEAK, M. D.

Callensburg, Pa., March 18, 1872.

Explanation Concerning Gynecology.

EDS. MED. AND SURG. REPORTER :

In the REPORTER of February 10th, No. 781, I read a communication from one Dr. BAHNSON, in which he makes a terrific onslaught upon another correspondent, "Medicus" by name. It being probable that "Medicus" is entirely annihilated, I "rise to explain."

That the science of gynecology merits attentive study by every practitioner of medicine, I presume every sane man will readily admit; but that it is necessary to run rabid upon the subject, at the least intimation of doubt in respect to any of all its boastful achievements and success, I certainly should not admit. I presume it has been the province of your assailed correspondent, as it has been mine, to witness the indiscriminate use of the speculum and cauterization. I think it is this that he cries out against, and not the removal of polypi. I venture he would say "good fellow, Dr. BAHNSON, go on, remove more." But it is in regard to those knights of the speculum and caustic, in whose vivid imagination about one-half of their female patients are seriously afflicted with ulceration of the os or cervix uteri, or other uterine malady, that he would cry "hold, consider!" They insist upon a digital or specular examination, because it is *necessary*, of course. They thank God they never examined a woman thus unless it was *very necessary*, oh no! I know a case in which the use of the speculum was attempted in a girl fifteen years of age for alleged ulceration. The evidence of her virtue was of a most decided character, and after considerable futile manipulation the pain, hemorrhage and shock were so severe that the "*celebrated*" was fain to desist. The result was, a brother practitioner had a patient for some weeks.

It has been my fortune to treat a goodly number of cases from the hands of these same specialists, who after months of suffering had left them in disgust. In the most of these, appropriate constitutional treatment was quickly successful in restoring them to health. And now I unhesitatingly assert that nine tenths of the cases that are treated by cauterization throughout the country may be cured just as quickly without this humiliating method of treatment. But to illustrate this boasted superior knowledge and skill, I mention a case: Mrs. S after over four months *special manipulation* and cauterization, found herself bed fast, and dismissed her skillful attendant; and I was called. With some difficulty I replaced an enlarged and badly retroverted uterus, and after the introduction of a double lever supporter, she almost immediately arose from her bed, and after wearing the instrument a short time, it was removed and she is a well woman now. But on the point of *knowledge* and *cleverness*, I notice one more case.

Mrs. M., after years of suffering, was recom-

mended by her last medical attendant to call another physician. He was also one of those fellows who perambulate with a speculum under one arm and a stick of caustic under the other. He had had years of boasted success—he did have pecuniary success—in this branch of the profession. He pronounced the case prolapsus of the womb—after an ocular inspection of the parts. I was called and found a case of *retroversion of the bladder*, with almost entire procidentia of the organ, the fundus protruding from the vulva. I relieved the sufferings of the patient and the distended bladder simultaneously, by a simple operation.

I hope you never will infer from what I have written that I condemn the use of the speculum. Not at all; only the wholesale use of it, *because it pays*. Dr. BARNSON is right; *it does pay*. Five, ten and even twenty dollars an operation! Of course! It is so wonderfully difficult to perform. I wish to claim for my medical brethren honesty and integrity of character. I keep a speculum and use it when I think it required. I have not found it difficult to manipulate, but perhaps I do not do it scientifically. I am always glad to award praise to every merited success.

THEO. W. STULL, M. D.

Marengo Ill.

Epidemic of Influenza, Etc.

EDS MED. AND SURG. REPORTER :

We are at present having one of the greatest epidemics over this section of country that has ever been known so far as I can learn. That prevailing in this immediate vicinity is influenza (some cases of which have proved fatal) and remittent fever (which has in most cases been mild and running a short course under proper medical treatment). The former we find to be most benefited by quinine in large doses the latter by quinine and *dilute nitro muriatic acid*. In some cases it has been necessary to give mild cathartics to relieve nausea and vomiting before this treatment. Some few cases would not bear tonics until convalescence had commenced.

We hear of some of our neighboring towns being afflicted with an epidemic of *spotted fever*, and a good many fatal cases.

Small-pox has, invaded some few towns in our country; at least we have reports of such. There have also been some deaths in the country from scarlet fever, but this disease is not very prevalent.

Very truly yours,

C. W. FRISBIE, M. D.

East Springfield, N. Y., March 19, 1872.

[The regretted Col. COOLIDGE, late Medical Inspector U. S. A., who had had experience in several violent epidemics of influenza, informed us on one occasion that he deemed the following dose a *specific* if taken early :

R. Quinine sulphat., gr. vj.
Pulv. ipecac. et opii, comp. gr. i. M.
Ft. chb. j.
We can testify to its value.—EDS. REP.]

News and Miscellany.

Commencements.

UNIVERSITY OF PENNSYLVANIA.

The annual commencement of the Medical Department of the University of Pennsylvania (106th session) took place March 13th, at the Academy of Music. A large audience was in attendance, notwithstanding the disagreeable weather. The stage presented a handsome appearance, the bouquets intended for presentation to the graduates being arranged in a very pretty manner, on each side of the stage. Carl Sentz's orchestra was present, and for an hour previous to the commencement of the exercises, entertained the audience with choice selections of music.

The Faculty and Trustees of the institution, and the graduating class, assembled at the University building on Ninth street, formed in procession and marched to the academy. As they entered the building and took their places on the stage the orchestra performed "The University March," dedicated to the class of '72, by Paul Sentz.

The exercises were opened with prayer by Rev. Elias R. Beadle, D. D. Charles J. Stillé LL.D., Provost, conferred the degree of Doctor of Medicine upon the following graduates :

Bauer, Louis G.	Pa.	Matlack, Frank H.	Pa.
Bowen George W.	Pa.	Miller, Henry H.	Pa.
Bradner Henry K.	N. Y.	Moyer, Daniel P.	Pa.
Brook, Harry D.	N. J.	Muhlenberg, Wm. F.	Pa.
Corse, Wm. H.	Del.	McGuffin, K. M. J.	W. Va.
Dale, Jno. Lombard	Mass.	McLennan, Angus	N. S.
Dannaker, C. A. Jr.	Pa.	McNeill, B.	Prince Ed. I.
Davis, Warren N.	Pa.	Neale, Wm P.	W. Va.
Kekfeldt, John W.	Pa.	Osterstock, Jos. H.	Pa.
Krdman, John Dallas	Pa.	Partenheimer, J. R.	Pa.
Evans Howard	Pa.	Potter, Ezra B. Jr.	N. Y.
Eves, James S.	Pa.	Ranck, Charles B.	Pa.
Finley, James A.	Pa.	Rauck John W.	Pa.
Fisher, Oliver H.	Pa.	Rea, Jas. Culbertson	Pa.
Fries, Wm. Armstrong	Pa.	Reese, Wm. P.	Vi.
Fuqua, Adelbert L.	Tenn.	Ridge, Maurice L.	Pa.
Furness, Joseph	Pa.	Rogers William T.	Ga.
Garber, Abraham P.	Pa.	Rumberger, Cyrus G.	N. Y.
Garrison, Chas. G.	Pa.	Schmitt, Julius	Ohio
Gilbert, Sam'l E.	Pa.	Schnell, Joseph H.	Pa.
Green, Geo. Dill	Pa.	Swall, Charles A.	N. J.
Greenwald, Mand. O.	Pa.	Shannon, Albert	Pa.
Hanks, Lucien A.	N. C.	Silfer, Levi K.	Pa.
Healy, John J.	Pa.	Smith, Charles H.	Pa.
Heritage, Paul S.	N. J.	Smith, Thos. Sosinaki	Pa.
Hewson, Charles W.	N. S.	Snively, Summer E.	N. Y.
Hobensack, John D.	Ohio	Stephen, Walker B.	Pa.
Hoff, Lawrence B.	Pa.	Stewart, David, Jr.	Del.
Honeyman, John C.	N. J.	Stewart, Robert C.	Pa.
Humphrey, Wm. John	Pa.	Swartaweller, P. E.	N. J.
Hunter, Thomas	Pa.	Taylor, Sewell, O. B.	Vi.
Keim, Milton (D.D.S)	Pa.	Thorn, A.	Pa.
Kirkbride, Joseph J.	Pa.	Twitmyer, John H.	Pa.
Kline, Willoughby C.	Pa.	Walker, James B.	Del.
Kline, William S.	N. J.	Weldin, Charles E.	Pa.
Labaree, Joseph	Pa.	West, Francis Bayly	Pa.
Leadon, Oscar	Pa.	Weist, Lewis B.	Pa.
Linn, George W.	Pa.	Woodburn, Skiles M.	Pa.
Longnecker, Jerome	Pa.	Yocum, Benjamin B.	Pa.
Massey, James T.	Del.		

At the commencement held June 29th,

1871, the Degree of Doctor of Medicine was conferred upon the following gentlemen:

Casper Morris Cheston, Maryland.
Arthur Vincent Meigs, Pennsylvania.
William Pratt Read, Pennsylvania.
John W. Warren, Delaware.

Of the foregoing there were from—

Delaware.....	5	Ohio.....	2
Georgia.....	1	Pennsylvania.....	52
Maryland.....	1	Prince Edward's Island.....	1
Massachusetts.....	1	Tennessee.....	1
New Jersey.....	4	Virginia.....	3
New York.....	4	West Virginia.....	2
North Carolina.....	1		
Nov. Scotia.....	2	Total.....	83

At the conclusion of the conferring of the degrees, the Dean, Dr Rogers, announced that the Faculty desired to make public honorable mention of two members of the graduating class on account of the original investigation and research exhibited in their theses. These gentlemen are Dr. Thomas Hunter, of Pennsylvania, whose subject was "The Correspondence of Convulsions of the Brain with markings on the Interior of the Cranium," and William T. Rogers, of Georgia, "Hemorrhagic Malarial Fever."

The valedictory address was delivered by D. Hayes Agnew, M. D., Professor of Surgery. The audience was then dismissed with a benediction.

UNIVERSITY OF LOUISIANA.

The commencement exercises of the Medical Department of the University of Louisiana were held on Saturday afternoon, 16th inst., at Odd Fellows' Hall. The exercises had gathered at the hall a large number of the friends of the institution, and the proceedings were of more than usual interest. Dr. T. G. Richardson, Dean of the Faculty of Medicine, opened the ceremonies by reading the list of graduates, upon whom the Hon. Randall Hunt, President of the University of Louisiana, conferred the degree of Doctor in Medicine. There were 58 graduates in medicine, and two in Pharmacy.

The Hon. Warren Stone, M. D., delivered the salutatory. The ceremonies were concluded by a valedictory pronounced by Dr. Lafayette G. Durr, of Mississippi, one of the members of the graduating class, which was an able effort, listened to with much attention by everybody present.

WASHINGTON UNIVERSITY, BALTIMORE, MD.

The fifth annual commencement of the Medical Department of Washington University at Baltimore took place February 22d. Hon. Eli J. Henkle, president of the board of visitors, conferred the Degree of Doctor of Medicine on fifty-seven graduates. The address to the graduates was delivered by H. Clay Dillum, Esq., a member of the board of visitors.

UNIVERSITY OF IOWA.

The Medical Department of the Iowa State University closed its session March 6th. The class in attendance was a large one for the second year. The following is a list of graduates: J. B. Charlton, S. M. Barnes, P. H. Barnes, J. W. Davis, Nathan Hunt, Jessie Holmes, J. M. Jennings, J. H. Kulp, M. W. Lilly, W. H. Nichols, C. O. Paquin, J. H. Reynolds, F. B. Wing, C. S. Webber, Mrs. Ann A. Shepard, Mrs. Isabel G. Whitefield—16.

Nine ladies attended lectures, and seventy-five students in all.

Small-pox in Philadelphia—8,114 Cases and 1,879 Deaths

The report of the Health Officer of Philadelphia for 1871 gives the following detailed statement of the ravages of the small-pox in that city, showing an extraordinary increase in the number of cases during the closing months of the year. The number of cases reported each month was:

January.....	13	July.....	15	
February.....	6	August.....	56	
March.....	4	September.....	111	
April.....	8	October.....	1,626	
May.....	9	November.....	2,944	
June.....	11	December.....	3,307	
Total number of cases.....				8,114

The following table shows the number of cases and deaths, with the ratio of deaths in each ward, during the year:

Wards.	Cases.	Deaths.	Ratio of Deaths.
First.....	246	46	1 in 5.3
Second.....	323	74	1 in 4.3
Third.....	313	104	1 in 3.0
Fourth.....	470	117	1 in 4.0
Fifth.....	243	51	1 in 4.8
Sixth.....	161	19	1 in 8.5
Seventh.....	370	61	1 in 6.0
Eighth.....	144	27	1 in 5.3
Ninth.....	148	20	1 in 7.4
Tenth.....	414	61	1 in 6.7
Eleventh.....	287	50	1 in 5.7
Twelfth.....	216	43	1 in 5.0
Thirteenth.....	263	44	1 in 5.9
Fourteenth.....	295	51	1 in 5.7
Fifteenth.....	387	61	1 in 6.3
Sixteenth.....	308	104	1 in 2.9
Seventeenth.....	306	66	1 in 4.6
Eighteenth.....	410	89	1 in 4.6
Nineteenth.....	537	125	1 in 4.3
Twentieth.....	1,336	207	1 in 6.4
Twenty-first.....	16	3	1 in 5.0
Twenty-second.....	48	5	1 in 9.6
Twenty-third.....	117	31	1 in 3.7
Twenty-fourth.....	131	23	1 in 5.7
Twenty-fifth.....	148	30	1 in 4.9
Twenty-sixth.....	268	42	1 in 6.3
Twenty-seventh.....	55	12	1 in 4.6
Twenty-eighth.....	149	41	1 in 3.6
Total.....	8,114	1,879	1 in 4.3

The small-pox mortality in this city during the year was greater than in any previous year on record, as is seen from the following statement, showing the number of deaths from the loathsome disease in the years when it has been most prevalent in the past:

Year.	Deaths.	Year.	Deaths.
1808.....	145	1852.....	427
1823.....	109	1875.....	275
1824.....	325	1856.....	390
1834.....	195	1861.....	738
1841.....	259	1862.....	264
1845.....	190	1864.....	260
1846.....	251	1865.....	324
1851.....	316	1871.....	1879

The mortality during the year 1871, from small-pox, was the highest that ever has been reached in this city—278 deaths in every 1,000 persons living; in the year 1824 the deaths amounted to 325, or 2.37 deaths in every 1,000 persons living.

—On Thursday a Baltimore jury, in the case of a man accused of attempt to extort money, returned a verdict, "Not guilty, by reason of insanity at the time, but sane at the present time!"

Medical Pat.nts.

List of patents issued from the United States Patent Office to Medical Inventors, for the week ending March 19, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:

Medical Compound for skin diseases.—F. W. A. Berggren, Stockholm, Sweden.

Medical Compound or Rheumatic Liniment.—J. M. Cantrell, Polk county, Oregon.

Medical Compound or Salve.—N. Lauer, Dansville, New York.

Epidemic Icterus in Paris.

Paris this winter has been suffering from epidemic of jaundice. Dr. DECAISNE described it recently before the *Académie de Médecine*. It attacked persons in all conditions of life and health, and no local or general cause could be discovered. The characteristic yellowness extended even to the *velum pendulum palati*. The oldest physician could not recall a similar epidemic. Fortunately, the results were usually favorable under a strict diet, and free use of cream-of-tartar lemonade.

Cholera.

It is said that cholera has reappeared on the Baltic in the seaport town of Revel. The most stringent and prompt measures should be taken to prevent its march westward. In Galicia it has been raging all winter, producing a fearful mortality. In Mecca and Medina, and along the coast of the Red Sea, it is also destroying great numbers.

—The Berlin medical papers are highly amused at a statement in the New York *Medical Record* to the effect that Professor VIRCHOW proposes to emigrate to London to obtain political freedom. The professor first learned his intention from that energetic periodical. But some papers are determined to have the first news.

—In Vienna, on the last week of February, an international conference was held to devise measures to prevent the introduction of the rinderpest.

QUERIES AND REPLIES.

Dr. A. H. H. of Ohio.—The pretended professor is an impostor, and the institution he represents is notoriously dishonest and contemptible.

Animal Fats.

Dr. E. of Ills.—Query.—What is the difference between the chemical composition of hog's lard, the fat of beef and mutton, and fish oils, and oils of vegetables?

Reply.—It is impossible for us to enter into a question of this magnitude at all minutely. In a general way we may say that the animal fats differ chiefly in the relative amounts of the fatty acids they contain; they differ both among themselves in the fatty acids united to the bases. There are numerous, though most of them are homologous compounds of the series C₁₆H₃₂O₂. But we must refer the inquirer to the recent works on organic chemistry for any adequate exposition of the recondite study of fats, promising him that it is by no means light reading.

Medical Fine Art.

Messrs. Eds.—I am collecting medical pictures, and would like to have any kind of a copy of West's "Christ Healing the Sick." Any information will be very gratifying.

Washington, D. C.

R. V. AULICK, M. D.

OBITUARY.

JONATHAN LETTERMAN, M. D.

Dr. JONATHAN LETTERMAN died in San Francisco on Monday, March 18th. He was a native of Canonsburg, Washington co., Pa., graduated at Jefferson College in that place in 1845, and also at the Jefferson Medical School in Philadelphia, three years afterward. Shortly after his graduation as an M. D. he was appointed a surgeon in the United States army, and was ordered to New Mexico, where he remained several years. At the outbreak of the rebellion he was stationed in Washington, D. C. In June, 1862, immediately after the seven days' fight from the Chickahominy to the James he became Medical Director of the Army of the Potomac. In this position he rendered distinguished services, and was really the organizer of the "Ambulance System," which gave such effective aid to the sick and wounded, and which has been so generally copied in the armies of Europe.

MARRIED.

ANDERSON—BROWN.—By Rev. W. W. Woodend, D. D., assisted by Revs. W. J. Bohman, McN. Forsythe and A. Donaldson, D. D., at "Riverside Home," Salisbury, Pa., March 14th, Rev. Thos. B. Anderson and Miss Lida A., daughter of Dr. T. H. Brown.

DIED.

DICKSON.—In this city, March 31st, in the 74th year of his age, Prof. Samuel Henry Dickson, M. D., formerly of Charleston, S. C.

Dr. Dickson has for many years held the position of Professor of Theory and Practice of Medicine in the Jefferson Medical College.

EVANS.—In Memphis, Tenn., on February 23d, in the firm hope of a blessed immortality, Dr. James S. Evans, of Indian Bay, Arkansas.

FORD.—Dr. Joseph Ford, of Cave Spring, Ga., was crushed to death instantly by a railway car at Rome, Ga. on the 11th of March.

GREGORY.—Dr. Samuel Gregory, the founder of the New England Female Medical College, Boston, died March 23d. He was born in Guilford, Conn., and devoted his life to the education of women in certain branches of the Medical profession.

HAGEMAN.—At Nyack, N. Y., March 28th, Luke V. Hageman, M. D.

NORDMANN.—In this city, March 25th, of erysipelas, Louis E. Nordmann, M. D., aged 51 years.

REYNOLDS.—In New York, March 26th, Josephine Van Beuren, wife of Dr. James B. Reynolds and daughter of Col. M. M. Van Beuren.